



Bib Data Sheet


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SERIAL NUMBER 09/545,794	FILING DATE 04/09/2000 RULE -	CLASS 002	GROUP ART UNIT 3741 3765	ATTORNEY DOCKET NO. 2041 CIP
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APPLICANTS
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**** CONTINUING DATA *******
 THIS APPLICATION IS A CIP OF 09/080,975 05/19/1998 OK R2

**** FOREIGN APPLICATIONS ******* none R2

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/13/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature <i>Robert M. Zander</i> Initials	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 1
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ADDRESS
 Donn K Harms
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TITLE
 Protective cushion and cooperatively engageable helmet casing for anesthetized patient

FILING FEE RECEIVED 363	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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